New – Individual On-site Wastewater Disposal System (IOWDS)

APPLICANT (How do we co	ontact you?)						
Name:				Home To	elephone:		
Current Address:				Cellular	Telephone:		
City, ST Zip Code:				Work Te	elephone:		
PROPERTY (To be evaluated	d)						
Property Address:				City, ST	Zip Code:		
LEGAL DESCRIPTION	(Furnish copy)						
Section:		Township:			Rar	nge:	
Acreage:							
Subdivision Name:				Lot number:			
PLOT PLAN "Plat" (Furnish	copy describing propos	ed dwelling and othe	r features with	associated di	stances from p	roperty line)	
Total Number of Bedrooms			Total Nu	umber of Oc	cupants:		
Other Structures:							
WATER SUPPLY (Check of	one)			_			
Public:	□ Wa	ater Meter		Private:			□ Well
DIRECTIONS (Indicate in b	ox below or scan and e-	mail directions to wa	stewater@mso	dh.ms.gov wit	th this applicati	ion)	
TYPE/FEE		PAYMEN	Т	OFR	TICE U	SE ONLY	Y PIMS CODE
□ NOI (\$50.00) □ NOI 2-Acre Exemption	(\$50.00)		T ney Order	OFR □ Cash		SE ONL	93010

New – Individual On-site Wastewater Disposal System (IOWDS)

PROCESS	
☐ Check box,	if Final Approval IS required or desired
	and Site Evaluation as a "Perk Test", this Evaluation will be performed by the Department.
This document option(s) recom	it/Recommendation is issued to you after the Soil and Site Evaluation. It is a listing of Individual On-site Wastewater Disposal System mended for your property. Present the Permit/Recommendation to your water utility to receive a water meter. If Final required or desired, skip to Exemption below.
	ection tified Installer to install your chosen Individual On-site Wastewater Disposal System. The Certified Installer is contacting the Department 24 hours <u>before</u> beginning construction to schedule an inspection.
STEP 4 - Final After the inspec	Approval etion, you must provide the following to the Department:
1) 2)	A signed Affidavit (Installation) from the Certified Installer A signed Affidavit (Maintenance) from you NOTE: For Advanced Treatment Systems only
Once this	s information has been received, the Final Approval document will be issued to you.
evaluation and	yping my name in below, I hereby grant MSDH staff permission to enter the described property, conduct a soil and site perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61.
evaluation and punishable by N	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is
evaluation and punishable by M	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Date:
evaluation and punishable by N	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Date:
evaluation and punishable by M Signature: EXEMPTION Check box -	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Date: — If Final Approval IS NOT required or desired
evaluation and punishable by Management Signature: EXEMPTION Check box - As the Applicant	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Date:
evaluation and punishable by Management Signature: EXEMPTION Check box - As the Applicant	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Date: — If Final Approval IS NOT required or desired nt, I hereby state, by legal description, I own 2 acres or larger of property on which a single dwelling and IOWDS will
evaluation and punishable by Management Signature: EXEMPTION Check box - As the Applicate be placed. I aclude 1) 2) 3) 4) 5) Also, I understa an Affidavit (E	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Date: — If Final Approval IS NOT required or desired nt, I hereby state, by legal description, I own 2 acres or larger of property on which a single dwelling and IOWDS will knowledge I do not require a Final Approval from any of the following: Board of Supervisors (Ordinance) Water Supplier/Association Lending Institution Utility Authority
evaluation and punishable by Management Signature: EXEMPTION Check box - As the Applicate be placed. I aclude be placed. I aclude 1) 2) 3) 4) 5) Also, I understate an Affidavit (E will have a Certal By signing or the evaluation and	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Date: — If Final Approval IS NOT required or desired nt, I hereby state, by legal description, I own 2 acres or larger of property on which a single dwelling and IOWDS will knowledge I do not require a Final Approval from any of the following: Board of Supervisors (Ordinance) Water Supplier/Association Lending Institution Utility Authority Other (i.e. Subdivision Covenants) and that I must have the "person who installed my Individual On-site Wastewater Disposal System" sign/date and file exemption) with the Department to complete the exemption process. If at a later date, a Final Approval is required, I
evaluation and punishable by Management Signature: EXEMPTION Check box - As the Applicate be placed. I aclude be placed. I aclude 1) 2) 3) 4) 5) Also, I understate an Affidavit (E will have a Certus evaluation and punishable by Management 1) 61.	perform any necessary inspections. I understand that any falsification of documentation or violation of regulations is Mississippi Code of 1972, Annotated Sections 41-67-5 (1), 41-67-7 (4), 97-7-10, 97-9-59 and 97-9-61. Date:

New – Individual On-site Wastewater Disposal System (IOWDS) Form 908 E

PURPOSE

To provide a notice to the Mississippi State Department of Health that an Applicant intends to construct or place a mobile, modular, or permanently constructed residence on his/her property, which requires the installation of an IOWDS. This document is not intended to be photocopied and released to the Applicant.

INSTRUCTIONS

The Applicant must provide the legal description, plot plan (plat), written directions to the property, fee and read all pages.

Applicant

- 1. Name Enter name of property owner(s)
- 2. Telephone Enter telephone number of the Applicant
- 3. Current Address Enter complete mailing address of the Applicant
- 4. Cellular Telephone Enter alternate telephone number of the Applicant
- 5. City, ST, Zip Code Enter the City, State and Zip Code for Mailing Address
- 6. Work Telephone Enter work telephone number of the Applicant

Property

- 7. Property Address Enter complete physical address for the property location to be evaluated
- 8. City, ST, Zip Code Enter the City, State and Zip Code for property address to be evaluated

Legal Description

- 9. Section Enter the Section number from the legal description
- 10. Township Enter the Township from the legal description
- 11. Range Enter the Range from the legal description
- 12. Acreage Enter the size of the property in acres.
- 13. Subdivision If applicable, enter the name of Subdivision where property is located, including lot number
- 14. Lot Number If applicable, enter Lot Number

Plot Plan "Plat"

- 15. Total Number of Bedrooms Enter actual number of bedrooms in the proposed dwelling
- 16. Total Number of Occupants Enter number of people who will be living in the dwelling
- 17. Other Describe if any additional structures, i.e. shed, shop, swimming pool, deck, etc. proposed on the property

Water Supply

18. Check "water meter" if available source of water is public or community water system. Check "well" if source of water is an individual (on-site) private well

Directions

19. The Applicant must provide written detail directions to their property from the Department

Type/Fee/PIMS Codes (Office use only)

20. The Health Information Clerk must check box for request type, payment method and enter appropriate code in the PIMS

Process

21. Read steps 1-4 and check box, if Final Approval is required or desired, and sign and date where indicated, if above box is checked

Exemption

22. Read step 5 and check box, if Final Approval is NOT required or desired, and sign and date where indicated, if above box is checked

New – Individual On-site Wastewater Disposal System (IOWDS) Form 908 E

OFFICE MECHANICS AND FILING

The Division of On-site Wastewater will provide the Applicant with the Notice of Intent. The Applicant will complete the Notice of Intent, with attached plat, legal description and fee, if required for all types indicated. The Environmentalist will check only one (1) box NOI or NOI (2-Acre Exemption) unless the Applicant is requesting a water meter for agricultural purposes only.

If any portion of the Notice of Intent is considered incomplete, it must be returned to the Applicant. Once the Notice of Intent is verified as complete, Division Staff will enter data into the computer Wastewater Program. A copy of the Notice of Intent is not to be released to the Applicant, only a receipt showing payment was made online. The Department will mail or e-mail the results of the Soil and Site Evaluation to the Applicant. The Department will electronically file all documentation associated with the property.